

FILED

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2021 OCT 21 PM 12:47

Committee Name Striker 4 Dublin School Board		Office Sought Dublin School Board		District
Street Address 5317 Tara Hill Dr		City Dublin	State OH	Zip 43017
Candidate Name OR PAC Registration Number Cheri Striker		Treasurer Name Cheri Striker		Election Date (MM/DD/YYYY) 11/02/2021
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	
2. Total monetary contributions (From Forms 31-A and 31-E)	19,907.23
3. Total other income (From Form 31-A-2)	1,500.00
4. Total funds available (sum of lines 1, 2, 3)	21,407.23
5. Total monetary expenditures (From Forms 31-B and 31-F)	11,334.11
6. Balance on hand (line 4 minus line 5)	10,073.12
7. Value of in-kind contributions received (From Form 31-J-1)	2,464.11
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	1,500.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Cheri Striker
Signature of Treasurer or Deputy Treasurer

10/21/2021
Date (MM/DD/YYYY)

Contribution Pages
9

Expenditure Pages
5

Other Pages
14

Total Pages
28

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Annie Kagy			Registration Number, if PAC	
Street Address 9082 Eversole Run Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Powell	State OH <input checked="" type="checkbox"/>	Zip Code 43005	Date (MM/DD/YYYY) 07/26/2021	Amount 48.95
Full Name of Contributor Roger Amigo			Registration Number, if PAC	
Street Address 7864 Harriet Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/26/2021	Amount 196.10
Full Name of Contributor Chris Gempel			Registration Number, if PAC	
Street Address 8974 Tartan Fields Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/26/2021	Amount 98.00
Full Name of Contributor Jenny Ruble			Registration Number, if PAC	
Street Address Tartan Fields Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/26/2021	Amount 196.10
Full Name of Contributor Laura Hawk			Registration Number, if PAC	
Street Address 8130 Harriet Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY)	Amount 980.90

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Alisson Ricca			Registration Number, if PAC	
Street Address 10185 Summer Sweet Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Plain City	State OH <input checked="" type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 07/27/2021	Amount 98.00
Full Name of Contributor Jackie Wright			Registration Number, if PAC	
Street Address 10315 Cranberry Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Plain City	State OH <input checked="" type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 07/27/2021	Amount 98.00
Full Name of Contributor Lisa Hogan			Registration Number, if PAC	
Street Address 8447 Tartan Fields Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/27/2021	Amount 98.00
Full Name of Contributor Azeem Hagg			Registration Number, if PAC	
Street Address 10042 Morris Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/27/2021	Amount 245.15
Full Name of Contributor Jean Hink Sch			Registration Number, if PAC	
Street Address 8870 Birgham Ct. N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/26/2021	Amount 48.95

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Strike 4 Dublin School Board				
Full Name of Contributor Justin Bates			Registration Number, if PAC	
Street Address 8940 Dunn Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/03/2021	Amount 980.90
Full Name of Contributor Shari Hughes			Registration Number, if PAC	
Street Address 8279 Tillinghast Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 09/26/2021	Amount 48.95
Full Name of Contributor Rebel marsh			Registration Number, if PAC	
Street Address 341 Storwall Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 09/22/2021	Amount 48.95
Full Name of Contributor Rebecca Mocniak			Registration Number, if PAC	
Street Address 8422 Tibbermore Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43016	Date (MM/DD/YYYY) 09/16/2021	Amount 490.40
Full Name of Contributor Geoffrey Strohn			Registration Number, if PAC	
Street Address 6921 Blackhawk Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/29/2021	Amount 100.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Striker 4 Dublin School Board					
Full Name of Contributor David Slates				Registration Number, if PAC	
Street Address 9851 Archer Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo/cash	
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/26/2021	Amount 882.80/1000	
Full Name of Contributor Andrew Brenner				Registration Number, if PAC	
Street Address 102 W. Lincoln Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Delaware	State OH <input checked="" type="checkbox"/>	Zip Code 43015	Date (MM/DD/YYYY) 08/31/2021	Amount 100.00	
Full Name of Contributor Chris Day				Registration Number, if PAC	
Street Address 375 Glen Meadow Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/21/2021	Amount 200.00	
Full Name of Contributor Inna Edsall				Registration Number, if PAC	
Street Address 8576 Copper View Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43016	Date (MM/DD/YYYY) 09/25/2021	Amount 70.00	
Full Name of Contributor Michael Bohland				Registration Number, if PAC	
Street Address 7008 Greenland Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43016	Date (MM/DD/YYYY) 07/27/2021	Amount 400.00	

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Statement of Contributions Received

Form 31-A

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Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Brett Shaw			Registration Number, if PAC	
Street Address 10256 Mackenzie Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/01/2021	Amount 98.00
Full Name of Contributor Mark Ruble			Registration Number, if PAC	
Street Address 7914 Tartan Fields Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/01/2021	Amount 98.00
Full Name of Contributor John Byrne			Registration Number, if PAC	
Street Address 6884 Rob Roy Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin OH ^{OH}	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/30/2021	Amount 98.00
Full Name of Contributor Greg Hamrick			Registration Number, if PAC	
Street Address 10745 Arrowwood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Plain City	State OH <input checked="" type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 07/28/2021	Amount 98.00
Full Name of Contributor Mark Flesch			Registration Number, if PAC	
Street Address 7881 Old Oak Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 07/28/2021	Amount 490.40

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Statement of Contributions Received

Form 31-A

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Full Name of Committee <u>Striker 4 Dublin School Board</u>				
Full Name of Contributor <u>Kerri Cohen</u>			Registration Number, if PAC	
Street Address <u>6980 Corazon Dr</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>venmo</u>
City <u>Dublin</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>43016</u>	Date (MM/DD/YYYY) <u>08/03/2021</u>	Amount <u>73.48</u>
Full Name of Contributor <u>Darbie Everhart</u>			Registration Number, if PAC	
Street Address <u>6980 Corazon Dr</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>venmo/check</u>
City <u>Dublin</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>43016</u>	Date (MM/DD/YYYY) <u>08/03/2021</u>	Amount <u>490.40/10,000</u>
Full Name of Contributor <u>Paige DeWalt</u>			Registration Number, if PAC	
Street Address <u>6199 Memorial Dr</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>venmo</u>
City <u>Dublin</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>43017</u>	Date (MM/DD/YYYY) <u>08/03/2021</u>	Amount <u>73.48</u>
Full Name of Contributor <u>Carrie Klingel</u>			Registration Number, if PAC	
Street Address <u>9892 Archer Ln</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>venmo</u>
City <u>Dublin</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>43017</u>	Date (MM/DD/YYYY) <u>08/03/2021</u>	Amount <u>245.15</u>
Full Name of Contributor <u>Erin Mullady</u>			Registration Number, if PAC	
Street Address <u>10126 Concord Rd</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>venmo</u>
City <u>Dublin</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>43017</u>	Date (MM/DD/YYYY) <u>08/03/2021</u>	Amount <u>98.00</u>

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Chuck murlin			Registration Number, if PAC	
Street Address 9457 Avemore Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/08/2021	Amount 24.43
Full Name of Contributor Lisa Kim			Registration Number, if PAC	
Street Address 8125 Tarten Fields Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/07/2021	Amount 245.15
Full Name of Contributor marily Steckel			Registration Number, if PAC	
Street Address 4984 Memphis Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026	Date (MM/DD/YYYY) 08/05/2021	Amount 98.00
Full Name of Contributor michaela Grandey			Registration Number, if PAC	
Street Address 6456 Green Stone Loop		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43016	Date (MM/DD/YYYY) 08/03/2021	Amount 980.90
Full Name of Contributor Anna Altenburg			Registration Number, if PAC	
Street Address 10746 Emerald Green Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Plain City	State OH <input checked="" type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 08/03/2021	Amount 98.00

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Page Total 1,446.48

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Kindsey Sobczak			Registration Number, if PAC	
Street Address 10751 Arrowwood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Plain City	State OH <input checked="" type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 08/03/2021	Amount 196.10
Full Name of Contributor Stephanie Harmon			Registration Number, if PAC	
Street Address 6222 Memorial Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/03/2021	Amount 48.95
Full Name of Contributor Jamie Chapman			Registration Number, if PAC	
Street Address 5468 Tara Hill Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/03/2021	Amount 24.24 24.24
Full Name of Contributor Julie Kacheriski			Registration Number, if PAC	
Street Address 6860 Macneil Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Date (MM/DD/YYYY) 08/03/2021	Amount 98.00
Full Name of Contributor Katie Jo Weldy			Registration Number, if PAC	
Street Address 10722 Arrowhead Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo
City Plain City	State OH <input checked="" type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 08/03/2021	Amount 490.40

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Dirk Kish			Registration Number, if PAC	
Street Address 9489 Riverway Run		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/29/2021	Amount 50.00
Full Name of Contributor Keith Barnes			Registration Number, if PAC	
Street Address 279 Clover Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/31/2021	Amount 50.00
Full Name of Contributor Tracy Tinlin			Registration Number, if PAC	
Street Address 9307 Brock Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Plain City	State OH	Zip Code 43064	Date (MM/DD/YYYY) 10/01/2021	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Striker 4 Dublin School Board			
Full Name of Contributor Cheri Striker		Registration Number, if PAC	
Street Address 5317 Tara Hill Dr	Type* Refund	Date (MM/DD/YYYY) 07/22/2021	Form (Cash, Check, etc.) Cash
City Dublin OH	State OH	Zip Code 43017	Amount 1,500.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board				
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 07/28/2021		Amount 23.99
Street Address 6280 Perimeter Dr		Purpose Checks		
City Dublin OH	State OH	Zip Code 43016	Check Number Debit	
To Whom Paid Campaign Partner		Date (MM/DD/YYYY) 08/23/2021		Amount 49.00
Street Address /		Purpose website		
City Online	State OH	Zip Code	Check Number Debit	
To Whom Paid Fed Ex		Date (MM/DD/YYYY) 08/31/2021		Amount 62.75
Street Address 5792 Frantz Rd		Purpose Palm Cards & name tags		
City Dublin	State OH	Zip Code 43016	Check Number 1002	
To Whom Paid Wix.com		Date (MM/DD/YYYY) 09/07/2021		Amount 20.94
Street Address /		Purpose Domain Name		
City Online	State OH	Zip Code	Check Number Debit	
To Whom Paid Wix.com		Date (MM/DD/YYYY) 09/07/2021		Amount 73.34
Street Address /		Purpose website hosting		
City Online	State OH	Zip Code	Check Number Debit	

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board			
To Whom Paid Sign up genius		Date (MM/DD/YYYY) 09/13/2021	Amount 11.99
Street Address /		Purpose Volunteer Signups	
City Online	State OH	Zip Code	Check Number Debit
To Whom Paid Catherine Nelson		Date (MM/DD/YYYY) 09/09/2021	Amount 40.00
Street Address 4000 S Old 3c Hwy		Purpose Thank you notes Printing Palm Cards	
City Galena	State OH	Zip Code 43021	Check Number 1003
To Whom Paid Amazon		Date (MM/DD/YYYY) 09/14/2021	Amount 130.65
Street Address /		Purpose Canvassing Supplies	
City Online	State OH	Zip Code	Check Number Debit
To Whom Paid Age Graphics		Date (MM/DD/YYYY) 09/14/2021	Amount 1,694.55
Street Address 678 Collins Rd		Purpose Yard Signs & Palm Cards	
City Little Hocking	State OH	Zip Code 45742	Check Number Debit
To Whom Paid Age Graphics		Date (MM/DD/YYYY) 09/17/2021	Amount 993.14
Street Address 678 Collins Rd		Purpose Door Hangers	
City Little Hocking	State OH	Zip Code 45742	Check Number Debit

Page Total \$ 2,870.33

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board				
To Whom Paid Hypermetrics LLC		Date (MM/DD/YYYY) 09/09/2021		Amount 2,000.00
Street Address 2498 Johnstown Alexandria Rd.		Purpose Social Media Advertising		
City Alexandria	State OH	Zip Code 43001	Check Number 1005	
To Whom Paid Anne Knapke		Date (MM/DD/YYYY) 09/09/2021		Amount 150.00
Street Address 8010 Cliffrose Court		Purpose Campaign Photo Shoot		
City Plain City	State OH	Zip Code 43064	Check Number 1006	
To Whom Paid Domenic Romanelli		Date (MM/DD/YYYY) 09/21/2021		Amount 550.00
Street Address 722 E Lincoln Ave		Purpose Campaign t-shirts		
City Columbus	State OH	Zip Code 43229	Check Number 1008	
To Whom Paid Joe Garrett		Date (MM/DD/YYYY) 09/09/2021		Amount 100.00
Street Address 4135 S Section Line Rd		Purpose walk list		
City Delaware	State OH	Zip Code 43015	Check Number 1004	
To Whom Paid Signupgenius		Date (MM/DD/YYYY) 09/27/2021		Amount 23.60
Street Address /		Purpose account upgrade		
City Online	State OH	Zip Code	Check Number Debit	

Page Total \$ 2,823.60

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board			
To Whom Paid Wix.com		Date (MM/DD/YYYY) 09/28/2021	Amount 20.33
Street Address /		Purpose website	
City Online	State OH	Zip Code	Check Number Debit
To Whom Paid Wix.com		Date (MM/DD/YYYY) 10/04/2021	Amount 15.83
Street Address /		Purpose merchant online store	
City Online	State OH	Zip Code	Check Number Debit
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/04/2021	Amount 30.00
Street Address 30 West Spring St. L3		Purpose Financia Disclosure Statement	
City Columbus	State OH	Zip Code 43215	Check Number Debit
To Whom Paid Freedom Marketing Strategies		Date (MM/DD/YYYY) 10/06/2021	Amount 170.00
Street Address 735 Hillcrest Dr		Purpose vinyl Bumper Stickers	
City Saint Marys	State OH	Zip Code 45885	Check Number Debit
To Whom Paid USPS		Date (MM/DD/YYYY) 10/12/2021	Amount 174.00
Street Address 715 Shawan Falls Dr		Purpose Stamps	
City Dublin	State OH	Zip Code 43017	Check Number Debit

Page Total \$ 410.16

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board				
To Whom Paid Ohio Republican Club Party		Date (MM/DD/YYYY) 10/12/2021		Amount 5,000
Street Address 211 S Fifth St		Purpose Donation		
City Columbus	State OH	Zip Code 43215	Check Number 1010	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ **5,000.00**

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board				
Full Name of Contributor Michaela Grandey		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 6456 Green Stone Loop		Description of Item or Service Vinyl Banners(2) & Labels		Date (MM/DD/YYYY) 09/04/2021
City Dublin		State OH	Zip Code 43016	Fair Market Value 223.28
Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Full Name of Contributor Michaela Grandey		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 6456 Green Stone Loop		Description of Item or Service Food & Beverage		Date (MM/DD/YYYY) 10/12/2021
City Dublin		State OH	Zip Code 43016	Fair Market Value 2,240.83
Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event?				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event?				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event?				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,464.11

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Striker 4 Dublin School Board					
From Whom Received Cheri Striker				Prior Amount	Amt. Incurred this Period 1,500.00
Street Address 5317 Tara Hill Dr.				Outstanding Balance 1,500.00	
City Dublin	State OH	Zip Code 43017	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 07/22/2021			Date of Loan (MM/DD/YYYY) 07/22/2021	Amount 1,500.00	Date of Payment (MM/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ _____

Total Received This Period \$ 1,500.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 1,500.00 (also record on Form 30-A)